



JOHN ELIAS BALDACCI  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
MAINE EMERGENCY MEDICAL SERVICES  
152 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0152



MICHAEL P. CANTARA  
COMMISSIONER

JAY BRADSHAW  
DIRECTOR

BOARD OF EMS MEETING  
JANUARY 5, 2005  
9:30 AM  
MAINE EMS CONFERENCE ROOM

MINUTES

Board Members: Carol Pillsbury (chair), Steve Leach (chair-elect), John Alexander, Bob Ashby, Alan Azzara, Oden Cassidy, Peter DiPietrantonio, Richard Doughty, Bill Dunwoody, Sue Dupler, James Farrell, Kevin Kendall, Paul Knowlton, Penelope Kneeland, Wayne Werts, Steve Diaz (ex-officio)

Regional Coordinators: Jim Caron, Joanne LeBrun, Rick Petrie

Staff: Jay Bradshaw, Dwight Corning, Dawn Kinney, Drexell White, Laura Yustak Smith, AAG

Guests: Chris Knight, Joe Moore, Tom Freeman

1. Introduction of Guests. Those present identified themselves and their affiliations.
2. Approval of December 1, 2004, meeting minutes.

**MOTION: To approved the minutes of the December 1, 2004, meeting as distributed. (Kendall; second by DiPietrantonio) Unanimous.**

3. Old Business
  - a. EMS Assessment Report.
    - i. The list of those interested in participating continues to grow, and Jay is working on securing commitments for work group facilitators.
4. New Business
  - a. Legislative/Budget Update.
    - i. Maine EMS will be joining the Fire Protection Services Commission in hosting an information day at the State House Hall of Flags on Wednesday, January 19, from 8:00 to 1:00.
    - ii. There is no update on the budget status for either the current fiscal year or the coming biennium.

- iii. Maine Ambulance Association is drafting a bill to require MaineCare to conduct an annual audit and reimburse ambulance services at the same rate as MediCare. According to the MAA, there has not been an adjustment in MaineCare reimbursement rates in 18 years. The MAA is also seeking to expand the eligibility for tort claims protection to all ambulance services and prohibit contracts from requiring insurance in excess of the tort claims limits for those who receive such protection.
- b. Operations Team Action Items.
  - i. There are no action items at this time; however, MEMS will begin soliciting recommendations for EMS Best Practice recognition that will be made during EMS Week. MEMS will also be sending letters to services who have been submitting run reports in chronological order, complying with inspection and crew staffing requirements, etc. This is an attempt to encourage other services to do the same.
- c. Education Committee Action Items
  - i. There are no Education Committee action items, but Dwight Corning made a presentation on the Scope of Practice meeting, which was held on 1/4/05 and focused on the EMT-I level. Dwight will be circulating a summary of the recommendation of the SOP work group for editorial comments only.
- d. Investigation Committee Action Items
  - i. **MOTION: To ratify the minutes of the 12/1/04 Investigation Committee Minutes (Dunwoody; second by Farrell). Unanimous.**
  - ii. Laura Yustak Smith explained the impact and delays of criminal proceedings upon administrative investigations. In many cases, the latter is held pending an outcome of the former in order to protect the rights of the subject.
- e. Trauma Advisory Committee Action Items
  - i. TAC Membership. Jay explained that it has been several years since the TAC membership has been ratified by the Board and during that time there have been a number of changes. He distributed a copy of the current TAC membership for review and consideration.

**MOTION: To approve the Trauma Advisory Committee roster as presented, and encourage the TAC to continue to try and fill any existing vacancies. (Kendall; second by Alexander) Unanimous.**

- ii. MPSS Position Statement. At its October 26, 2004, meeting, the TAC made and unanimously approved the following motion: *"The Maine EMS Trauma Advisory Committee recommends, after reviewing the current literature, that Methylprednisolone Sodium Succinate (MPSS) for Acute Spinal Cord Injury (ASCI), is not recommended therapy in Maine. We further recommend against use in the prehospital or community hospital setting. The use of MPSS should only be considered as an option at the regional Trauma Centers."* (motion by Winchell; second by Dinerman). Drs. Kendall and Diaz then discussed the available literature and their support for this motion. There was discussion about the Board's role in making such a statement, and Jay responded that it was consistent with other action that the Board has taken with regard to trauma care (e.g. Maine EMS Trauma Plan). However, Dr. Alexander requested that a more detailed presentation be made to the Board prior to a vote being taken.

**MOTION: To table any action on MPSS until the February meeting and request a formal presentation from a TAC member. (Alexander; second by Werts). Unanimous.**

f. Service Application: Northeast Mobile Health, Rockport.

Those present to discuss the application from Northeast Mobile Health to apply for a license with a primary service area defined identified themselves (Moore & Knight). Alan Azzara disclosed that he is the Vice President of Human Resources and Staff Development with NEMH, recused himself from discussion as a Board member, and sat away from the Board table while this matter was being discussed.

This application was presented to the Board in accordance with the Board's directive that any license application that results in concerns by a regional office or the public be presented to the Board. The NEMH application has received such comments because it is requesting to include Camden, Rockport, and Rockland in its primary service area. The Board received and reviewed the application material.

Visitors presented raised questions about staffing and potential confusion with the parent of Pen-Bay Hospital (Northeast Health). Alan Azzara indicated that the service would be staffed 24/7 and utilize mutual aid agreements as it currently does in the even simultaneous calls were received. NEMH is also willing to consider another business name for the Rockport office if there is compelling information that confusion does exist.

Prior to the motion being made, Steve Leach was called away on a rescue call and recused himself from voting.

**MOTION: To approve the license application for North East Mobile Health, Rockport. (Werts; second by Alexander) Unanimous with one abstention (Farrell)**

g. Board member orientation.

- i. Laura Yustak Smith made the Board aware that at the February meeting the Board will be conducting a review of the staff decision to deny a license. The applicable section on the proceedings is Section 12 of the Rules, which will be distributed prior to the February meeting. She also reminded Board members of the importance of avoiding ex parte communications with any other Board member or party to this matter. Staff will distribute background material on this case, and there may be additional information submitted for consideration at the meeting.

h. Board of EMS Nominating Committee

- i. Jay reported that Carol's two year term has passed and it is time to convene a nominating committee to make a leadership recommendation at the next meeting. Steve Leach currently serves as chair-elect, and would normally assume the role of chair, which then leaves a need to fill the chair-elect position. Kevin Kendall, Jim Farrell, and Carol Pillsbury agreed to assess the interest of other Board members in this position and will report back at the next meeting.

- i. EMS Awards Review Committee
    - i. Jay requested Board members to review nominations for Board awards during EMS Week (May 15-21, 2005). Those volunteering were: Paul Knowlton, Bob Ashby, and Sue Dupler. The deadline for nominations is March 15, 2005, and the nomination form is in the Journal of Maine EMS and on the MEMS web site.
  - j. Other
    - i. Jay confirmed that three members (Dupler, Kneeland, and Werts) whose terms have expired are interested in reappointment and will convey that information to the Governor's office.
5. Staff Update
- a. MEMS
    - i. Jay reported that the shipment of 216 DefibTech AEDs has arrived and will be distributed through the regional offices. Due to the recall and closing of Access AEDs, most of these units will go to replace the Access units, which will be returned to MEMS for disposal.
    - ii. Still awaiting word on grant applications for both EMSC and RAED for the coming year.
    - iii. Proposals received on the electronic run report project are being evaluated. A decision should be made in the next couple of weeks.
  - b. MDPB
    - Dr. Diaz reported the following:
      - i. The effective date for the updated protocols will be April 1, 2005.
      - ii. The airway module is being finalized by the Education Committee and will then go to the Operations Team for implementation.
      - iii. Paramedic Interfacility Transport program. Work continues, the next revision will have medications listed by classification, not by specific name and will include a more detailed QI component.
      - iv. Rapid Sequence Intubation. This has been discussed by both an ad hoc RSI Committee and the MEMS QI Committee. The QI Committee discussed the very low numbers of intubations performed and questioned the real need for this controversial treatment in a broader prehospital setting.
      - v. Cardiac Advisory Committee. Last meeting was December 15 in Waterville. Committee reaffirmed that bypass is not appropriate at this time; supported the 12 lead EKG survey that will be going out soon, and supported the change from morphine to Fentanyl.
      - vi. On line medical control competency is the next major MDPB project.
      - vii. Regional visits have been ongoing, including a recent visit to the Aroostook County hospitals. The feedback has been positive and this has provided an opportunity to visit in person with many key people in the EMS system.
6. Other
- a. Next meeting date: February 2, 2005

Meeting adjourned at 11:50.

